

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155132		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/08/2011	
NAME OF PROVIDER OR SUPPLIER  DANVILLE REGIONAL REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN46122			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaint IN00095233 completed on August 31, 2011.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00097214 and IN00097456.</p> <p>This visit was also in conjunction with the PSR to the Investigation of Complaint IN00094797 completed on August 19, 2011.</p> <p>Complaint IN00095233: Not Corrected</p> <p>Survey dates: October 4-8, 2011</p> <p>Facility number: 000057 Provider number: 155132 AIM number: 100266570</p> <p>Survey team: Vanda Phelps, RN</p> <p>Census bed type: 24 SNF 86 SNF/NF 110 Total</p> <p>Census payor type: 26 Medicare 72 Medicaid</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>12 Other 110 Total</p> <p>Sample: 7</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 10/16/11 by Jennie Bartelt, RN.</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interviews, the facility failed to ensure physician's orders were followed timely to have blood tests done for 1 of 7 residents reviewed for physician orders in a sample of 7. (Resident T)</p> <p>Findings include:</p> <p>Resident T's record was reviewed on 10/7/2011 at 2:38 p.m. The record indicated the resident had been admitted to the facility on 9/24/11 with diagnoses including, but not limited to, insulin</p>			F0282	<p>Corrective Action: Labs were completed and placed on resident medical chart. Physician notified of lab results Other Residents Having Potential to be Affected: 100% audit of resident medical chart completed to identify any residents that could be affected by the alleged deficient practice. MD notified of any identified residents, results placed in medical records as appropriate. Systematic Changes: All orders are brought through daily clinical review/clinical triage (5 days/week) to review with IDT. Unit Manager/designee will provide</p>		11/07/2011

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	<p>dependent diabetes, history of frequent falls, a resolving urinary tract infection, and history of a stroke. She had been hospitalized just prior to this admission for the urinary tract infection and a TIA (transient ischemic attack or mini-stroke).</p> <p>Physician orders indicated the facility physician had ordered some blood tests: chemistry 7, fasting lipid panel and a complete blood count. The order was dated 9/24/11. As of the review on 10/7/11, no documentation indicated the blood had been drawn, and the reports were not in her record.</p> <p>Interview of LPN #4 on 10/7/11 at 2:40 p.m. indicated she had not been aware of this order and therefore had not realized the reports were missing. She checked an expanda-file on the unit and noted the reports were not there either. She indicated she would call the lab and check to see if they had records about this order. She called the laboratory immediately. When the call was completed, LPN#4 indicated the lab contact told her the blood had been drawn on 9/30/11 and the reports had been faxed to the Long Term Care unit in this facility. She indicated Resident T had been admitted into the facility's Long Term Care unit and subsequently transferred to this unit. LPN#4 indicated, "The reports must have</p>				<p>follow up on orders 5 days/week. Licensed nurses will be in-serviced on timeliness of physician's orders and notifying MD of results. When there is an intra-facility transfer on a different unit, report will be given from one nurse to the other regarding the medical status of the resident. Monitoring: Daily monitoring will take place through daily clinical review/clinical triage 5 days/week. Random medical chart audits will be completed by the DON/designee weekly (ongoing). Any identified trends or areas of concern will be brought to monthly QA on an ongoing basis. Date of completion: 11-7-11</p>		

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	<p>been lost in the shuffle."</p> <p>On 10/8/11 at 4:55 p.m., Resident T's clinical record was reviewed again. The lab reports were noted not to be in the record. This was 26.5 hours after the concern was called to staff attention and two weeks after the physician's order was received.</p> <p>During interview with the Administrator and Director of Nursing on 10/8/11 at 5:55 p.m., the Administrator indicated in regard to the six day delay in drawing the blood, "Must've said to wait for the next lab day."</p> <p>This federal tag relates to Complaint IN00095233.</p> <p>This deficiency was cited on 8/31/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-35(g)(2)</p>						